

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1								51							
2								52							
3								53							
4								54							
5								55							
6								56							
7								57							
8								58							
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10								60							
11								61							
12								62							
13								63							
14								64							
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19								69							
20								70							
21								71							
22								72							
23								73							
24								74							
25								75							
26								76							
27	1							77							
28		1						78							
29								79							
30		1						80							
31								81							
32	1							82							
33		1						83							
34								84							
35		1						85							
36								86							
37		1						87							
38	1							88							
39								89							
40		1						90							
41								91							
42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	3							TOTAL IND.							
TOTAL DEP.	11							TOTAL DEP.							
TOTAL CLAIMS	14							TOTAL CLAIMS							